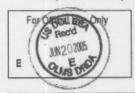
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

. File Number U - 514-995	2. Fiscal Year Covered From:		
2160	01/01/2004 Through: 12/31/2004		
Name and address of person filing.	Name, file number, and address of labor organization.		
Name GLENN D GEIMAN	Name AUTO WORKERS AFL-CIO LU 2166		
	Labor Organization File Number 514-995		
.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
treet 6881 INDUSTRIAL LOOP	Street 6881 INDUSTRIAL LOOP		
SHREVEPORT	City SHREVEPORT		
tate LOUISIANA ZIP Code + 4 71129	State LOUISIANA ZIP Code + 4 71129		
Position in labor organization. FINANCIAL SECRETARY/TR	EASTIRER		
Held an interest in, engaged in transactions (including loans) with, nonetary value from an employer whose employees your organiz	zation represents or is actively seeking to represent.		
. Held an interest in, engaged in transactions (including loans) with, nonetary value from an employer whose employees your organiz	or derived income or other economic benefit of		
. Held an interest in, engaged in transactions (including loans) with, nonetary value <b>from an employer whose employees your organiz</b> Name and address of Employer (including trade name, if any).  Name NONE	or derived income or other economic benefit of zation represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.		
Held an interest in, engaged in transactions (including loans) with, onetary value from an employer whose employees your organiz  Name and address of Employer (including trade name, if any).  Name NONE  Trade Name, if any.	or derived income or other economic benefit of zation represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.		
Held an interest in, engaged in transactions (including loans) with, onetary value from an employer whose employees your organize. Name and address of Employer (including trade name, if any).  Hame NONE	or derived income or other economic benefit of zation represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.		
Held an interest in, engaged in transactions (including loans) with, onetary value from an employer whose employees your organize.  Name and address of Employer (including trade name, if any).  Name NONE  Trade Name, if any.  P.O. Box, Bldg., Room No., if any	, or derived income or other economic benefit of zation represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  NONE		
Held an interest in, engaged in transactions (including loans) with, conetary value from an employer whose employees your organize Name and address of Employer (including trade name, if any).  Name NONE  Frade Name, if any.  P.O. Box, Bldg., Room No., if any	, or derived income or other economic benefit of zation represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  NONE		
Held an interest in, engaged in transactions (including loans) with, conetary value from an employer whose employees your organize.  Name and address of Employer (including trade name, if any).  Name NONE  Frade Name, if any.  P.O. Box, Bldg., Room No., if any  Street	, or derived income or other economic benefit of zation represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.  NONE  7.b. Amount.		
. Held an interest in, engaged in transactions (including loans) with, nonetary value from an employer whose employees your organize.  Name and address of Employer (including trade name, if any).  Name NONE  Trade Name, if any.  P.O. Box, Bldg., Room No., if any  Street  City  ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  NONE  7.b. Amount.		
Held an interest in, engaged in transactions (including loans) with, nonetary value from an employer whose employees your organize.  Name and address of Employer (including trade name, if any).  Name NONE  Frade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  ZIP Code + 4  S  15. Signature and verification. The undersigned declares, under penalty	7.a. Nature of Interest, Transaction, or Income.  NONE  7.b. Amount.  O  Signature  by of Perjury and other applicable penalties of the law, that all of the information panying documents), has been examined by the signatory and is, to the best of the		
Held an interest in, engaged in transactions (including loans) with, nonetary value from an employer whose employees your organizer.  Name and address of Employer (including trade name, if any).  Name NONE  Trade Name, if any.  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  S  15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accomp	7.a. Nature of Interest, Transaction, or Income.  NONE  7.b. Amount.  O  Signature  by of Perjury and other applicable penalties of the law, that all of the information panying documents), has been examined by the signatory and is, to the best of the		

Name of Person Filing GI.ENN D. GETMAN Name NONE  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	File Number U514=995  a. Labor Organization  b. Trust  c. Employer	2/6()
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name NONE  Trade Name, if any:  P.O. Box, Bidg., Room No., if any	11.a. Nature of such dealing.  NONE	
Street	11.b. Approximate dollar value of such dealing.	0
City	12.a. Nature of interest held or income received.	
	12.b. Amount.	0
C. Received from any employer (other than an employer covered	under narts A and B ahove)	
or from any labor relations consultant to an employer any payment of m	oney or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name NONE  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	NONE	
13.b. Is the Business an Employer or Consultant 7	14.b. Amount of payment.	0